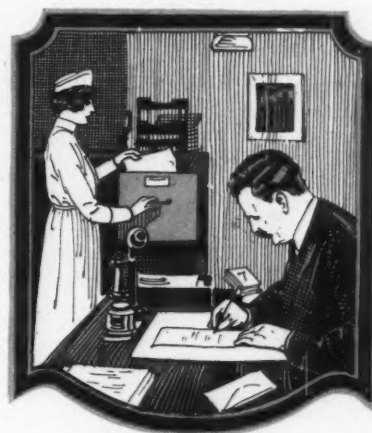


THE *Canadian Hospital*

A Monthly Journal for Hospital Executives



Toronto, Can.

The Edwards Publishing Company

May, 1925

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In This Issue—

The Mental Hospitals of B. C.
Planning a General Hospital (Part 2)
— News of Hospitals and Staffs



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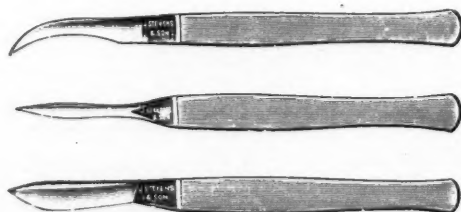
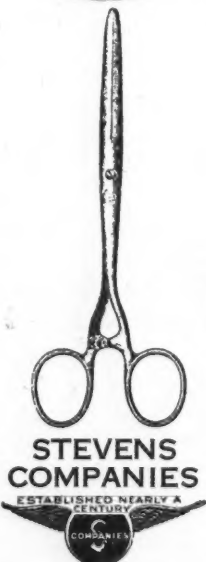
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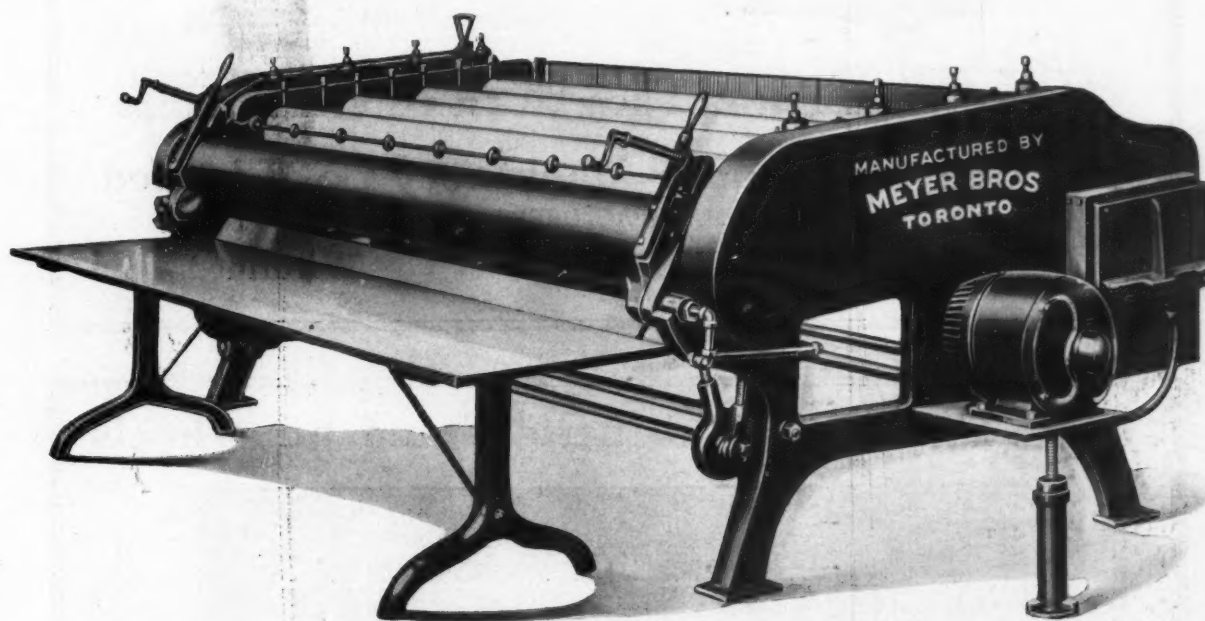
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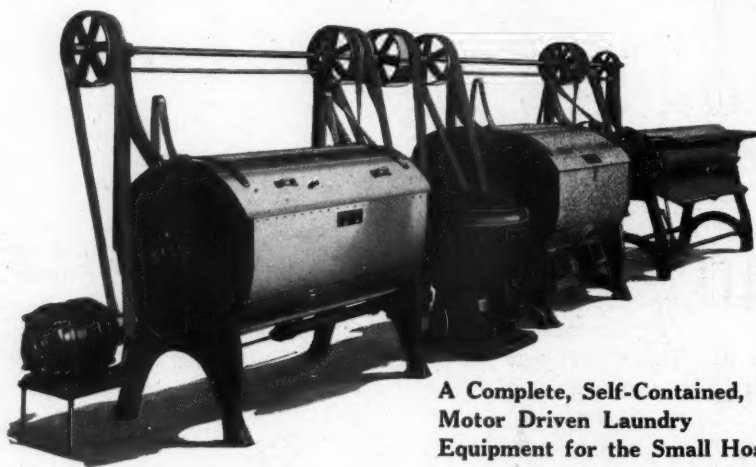
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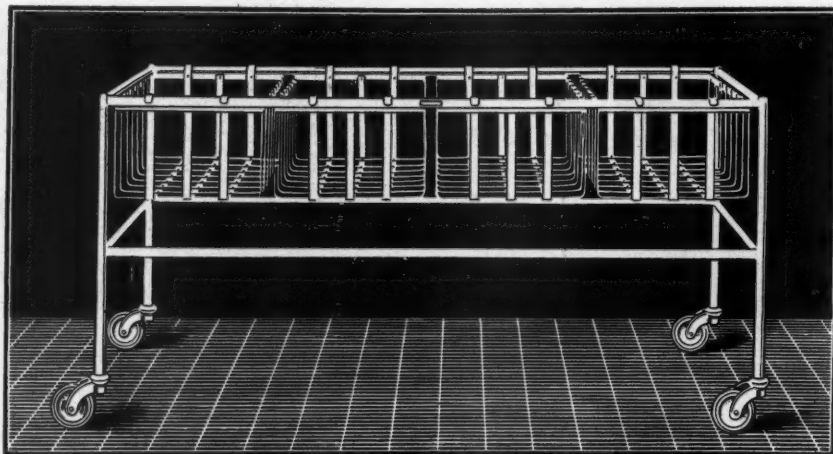
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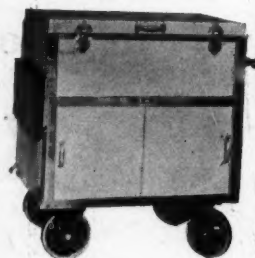


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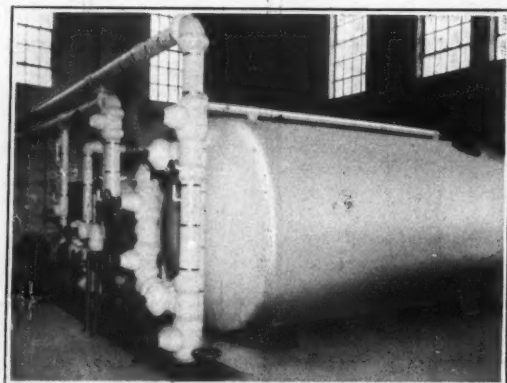
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Replace Utensils that Wear Out with Utensils that Wear-Ever

Engeln Equipment for X-Ray and Physiotherapy



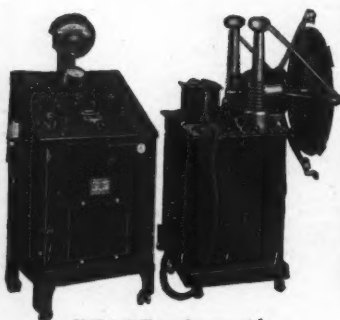
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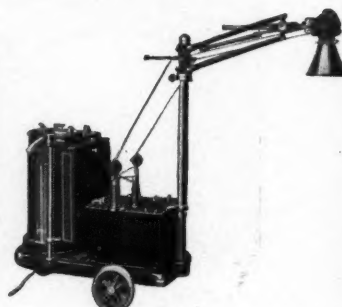
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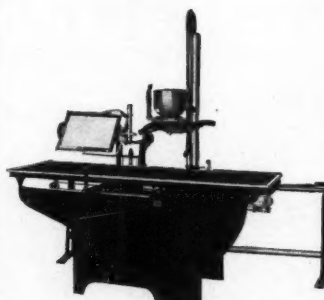
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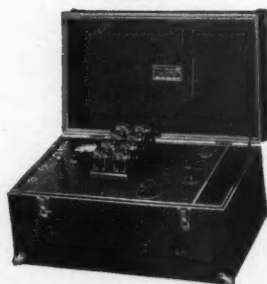
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Motor Driven Table with Rail
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THE Canadian Hospital

Published in the interest of Hospital Executives

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THE EDWARDS PUBLISHING COMPANY

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TORONTO CANADA

Telephone: Elgin 4975

Subscription Price - \$2.00 Per Year

VOL. 2 MAY, 1925 No. 5

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President, G. E. Patterson, Regina.
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Confidence and Co-operation

In view of the efforts of so many of our hospitals to create good-will and invite co-operation with the public through the medium of National Hospital Day, the following paragraphs from an address delivered by Dr. Washburn in Edmonton a short time ago, will prove interesting:—

"During the last few years, hospitals have not received the confidence of the public to which they have been entitled—lack of knowledge regarding hospitals, lack of co-operation of community services and lack of financial support. This is due chiefly to advertising by irregulars, and not sufficient advertising by hospitals which seem diffident about announcing their wares. The public in scanning the papers read of the death of a patient in a hospital, but nothing of the miraculous cures being brought about in the same hospital.

"As for the lack of knowledge, hospitals should take immediate steps to rectify this by throwing open their doors to the public to come and see for themselves that the institution is not a boarding-house reeking with the smell of iodoform and surrounded with mystery.

"During the last eight years there has been a decided change for the better in hospitals. This was probably brought about by the war, and the splendid service of our army medical corps. Organization of staff, the absence of selfish motives, and discipline, were the chief factors in bringing about this evolution.

"Arising out of the army hospital organization, hospitals began to improve everywhere, until to-day our best hospitals are modelled along army lines. It is recognized that to have a hospital of a superior type one must standardize first the medical profession, next the nursing profession, and, finally, the public mind.

"The modern hospital is taking on a new atmosphere and a new purpose. It is an institution where the public may go with confidence that they will be well advised. It is the health centre for the community, not only in the care of the sick in hospital, but by its clinics and its teachings it will broadcast information in health matters. It is an organized body of charitable men and women who say, "Is there more service we can give" not "How much can you pay?"



Your Day in the Sun

May 12th, the birthday of Florence Nightingale, is National Hospital Day. Whether this will mean much or little to your institution depends entirely on your own efforts. The day will pass very much like any other on the calendar for those who do not realize the great opportunities it offers for cementing the good-will of the public to progressive hospitals which possess the true community spirit.

How to obtain the greatest benefit from the observance of the day is a matter of opinion. It is generally agreed, however, that one thing which every hospital needs and few secure, is enough of the proper kind of publicity. By following some of the suggestions contained in the American Hospital Association bulletin, which was recently sent to nearly all hospitals, you will help make the day a success. The spotlight should be focussed on your institution on May 12th.

If you will take the public in your confidence and show them what is being done to raise the standard of service in your institution, it will give them a new interest in the work you are carrying on, make them more friendly in time of need, and bring to the sick and afflicted the attention which has long been deserved.



Careful Checking is Necessary

Investigation is being made by provincial authorities into the affairs of one of the Ontario hospitals, following reports of pilfering.

On being questioned at Toronto, Hon. Lincoln Goldie, Provincial Secretary, stated that the probe

had been in progress for some time, but no reports on its findings had yet been made.

Mr. Goldie said that he would be surprised to learn that there is pilfering going on in the institution in question, but if it is shown that such offenses have taken place, those responsible will be dismissed from the service immediately.

Other disclosures of a similar nature reported recently show that even the hospitals are not immune from petty thieving, and even the misuse and embezzlement of institution funds.

The well-managed hospital, of course, has little to fear of being victimized in this way, but occurrences such as have taken place lately should remind those in authority that an efficient system of checking all supplies and requisitions is a matter of the utmost importance.



Suggests Plan for Financing

Mr. Clement Aitkins, Peachland, B.C., suggests a scheme of hospital financing in connection with the critical situation in the valley, and cites developments which have been taking place with respect to the financing of hospitals in England, where these essential and greatly valued institutions are experiencing financial troubles equal to hospitals in this Province.

Perhaps the most successful plan devised over there is the Hospital Saving Association through which a large number of workers are organized into community groups each contributing three pence a week regularly for hospitals. Through the fund thus created, the hospitals in those communities are able to carry on. And—a feature of great importance—when the contributor to the scheme or one of his dependents has been admitted to the hospitals, the patient is exempt from all inquiries as to his ability to pay for maintenance and from any payment for treatment and keep. One can readily understand how relief from this worry improves a chance of a patient making quick recovery.

Mr. Aitkins, while praising this voluntary system, advocates the adoption of some scheme whereby every one within the bounds of the territory served by the hospital shall be required to pay a small fee towards the maintenance of the hospital and which payment would entitle the contributor to free hospital service. This, Mr. Aitkins claims, would mean a very trivial contribution from each person, would spread the cost of maintaining the hospital and would relieve the patient from paying any fee at a time when he is least financially able to meet such expenses.



To Establish a Library

Preliminary plans for the establishment of a library for the benefit of patients at the new tuberculosis sanatorium in Saskatoon were discussed by the Saskatoon Welsh Society at a meeting recently. At the meeting, R. D. Roberts, sanatorium secretary, explained the formation of the library at Fort Qu'Appelle. Arrangements for a shower and tea to be held at 126 21st street east, were left in the hands of a large committee of women, headed by Mrs. Ben Lewis.

A FEW SUGGESTIONS

National Hospital Day

By Mr. C. J. Cummings, of the National Hospital Day Committee

"Have local motion picture houses run slides telling of the date for a week or two before National Hospital Day. Enlist the aid of your newspaper friends to get a line-up of good newspaper articles and run them consecutively until May 12. Druggists, florists, department stores, confectionery stores, book stores, and all merchants will be glad to co-operate by exhibiting window displays.

"If your hospital has a bulletin, issue a copy just before May 12, using Hospital Day as a special subject. Copies of these magazines or bulletins will make good souvenirs for visitors to the hospital to take away with them.

"Request your local ministers to refer to National Hospital Day in their sermons on the Sunday preceding May 12.

"Encourage essays on National Hospital Day and the life of Florence Nightingale in the schools and, if advisable, offer prizes to be awarded at one of the hospitals on National Hospital Day.

"Have your employes wear National Hospital Day badges or buttons for at least two weeks before May 12.

"Have a reception committee composed of trustees' or doctors' wives or graduate nurses greet your visitors throughout the day.

"If possible, have graduation exercises for your nurses on Hospital Day.

"If you have a roof garden or other available location, engage an orchestra to play appropriate music the entire day.

"Baby shows always are popular and if you can arrange such an event it will bring attendance where other means fail."

President E. S. Gilmore of the American Hospital Association, and Chairman Cummings have arranged for distribution of a bulletin devoted to suggestions for National Hospital Day.

Office Boy Was Hero in Hospital Fire

Although nurses, policemen, firemen and wealthy New Yorkers aided in saving twenty babies and thirty other patients from the Englewood, N.Y., hospital on April 5th, the outstanding hero was John Macris, 15-year-old office boy.

While the blaze was doing \$50,000 damage in destroying a portion of one wing of the hospital, young Macris stuck to a telephone switchboard and notified all the nurses to prepare to remove their patients. Then the boy called fire apparatus from a half dozen nearby towns.

Holding to his task efficiently while the smoke ever thickened, John finally slumped to the floor. A fireman saw him and attempted to drag him out.

"Lemme go," John shouted, "I'm just down here for a minute to get out of the dern smoke."

Planning A General Hospital

By Harold J. Smith of Stevens & Lee, Architects, Toronto. (Part II.)

The administrative department located near the main entrance will require in addition to waiting and consultation rooms, a Superintendent's office, a general office, one for the Superintendent of Nurses, Board Room, Doctors' and record room, toilets and perhaps a library.

In most general hospitals there is an out-patient department. The size of this will vary according to the location in the community and whether or not students are to be accommodated. In general, however, the following departments require one or more rooms: Medical, Surgical, Gynaecology, Eye, Ear, Nose and Throat, Genito-urinary, Hydrotherapeutic, Dental and Orthopedic. With these should be provided a general waiting-room with office and toilets, also some small sub-waiting spaces close to a few of the departments.

The X-ray department, while usually a part of the out-patient, is required, though the latter may not exist. This should have at least one X-ray room of three hundred square feet or more, dark room, view and storage room, dressing booths and operators' booth. In addition there may be required fluoroscopic and treatment rooms, a toilet, small laboratory and a room for the generators.

The admitting department, near the ambulance entrance should have an office, examination room, bath room and an admitting ward for cases arriving during the night. Special admitting rooms are advisable for maternity cases.

Some of the special rooms or departments not previously mentioned may require accommodation and can very well be provided on the same floor as the out-patients. The following will serve as a guide: Isolation and psychiatric departments, general laboratories, dispensary, patients' clothes room, cystoscopic, electrocardiograph rooms, and autopsy department.

Service and Subsidiary Building

The service building should be close to the main or ward building and connected thereto with a tunnel or overground corridor. All hospital supplies

of every nature, except fuel, should be delivered at the receiving entrance of this building. This entrance should be kept as far as convenient from the wards or patients' rooms owing to the noise of motor trucks, etc. This building should accommodate the main kitchen, diet kitchen, bakery, cold storage rooms, all dining rooms with their necessary serving rooms, storage rooms for all general stores for the entire hospital and sewing rooms. The internes' quarters may well be provided on an upper floor together with rooms for a few of the female heads of departments other than nurses. Female servants may also be accommodated in this building, but a separate one is advisable, particularly if it is a large institution.

The Nurses' Home

The nurses' home will require accommodation equal to about one-half the number of patients. The nurses should be housed in single rooms with a lavatory in each. The general toilets should be conveniently located and contain at least one shower. At the main entrance the following rooms are advisable: One large living room, one or two reception rooms and a library, office and phone room, tea room and kitchenette, men's toilet and coat room for visitors. On one of the lower floors but not near the main entrance are required a demonstration room, class room, laboratory and possibly a small servery and utility room. The latter two are for instruction purposes in general ward work, although in many cases this part of the teaching is carried on in the main building. A gymnasium is not advisable as it is seldom used owing to the nurses being too tired when off duty. A swimming pool will be used and is desirable if finances permit. On each of the bedroom floors there should be a small sitting or study room.

The Power and Laundry building should be located as far from the ward building as possible, but connected to it by tunnels or passages over ground. The tunnels, in addition to foot traffic, should contain all power piping. The heating of all buildings should be done by hot water. The only exception to this is the operating rooms which require heat when the remainder of the rooms do not. For this reason steam should be used, as it is "on tap" all through the year. Whether or not electric power is to be developed will depend on the cost of generating versus buying it. Domestic hot water may be entirely generated in this building providing the distances are not too great to the other units of the group, in which case it may be more economical to have separate heaters in several of the buildings. The laundry layout is best provided by a reputable company unless the architect has had considerable experience in connection therewith. The following machines are essential: washers, extractors, vento drying tumbler, starch cooker and extractor, flat work ironer, presses and ironing boards. Soiled and clean linen sorting rooms together with an office, store room and toilets and locker rooms complete this unit.



A Modern Surgical Suite.

(Continued on page 15.)

Red Cross Pushes Northward



(Courtesy Canadian National Railways)

Built by the Canadian National Railways and turned over to the Red Cross for operation at the nominal rental of one dollar a year, two frontier hospitals were recently officially opened at Hornepayne and Nakina, in Northern Ontario. Both hospitals are of similar architectural design. Upper right, Dr. T. H. McKillip, Canadian National District Medical Officer, at Nakina, and medical officer in charge of the Nakina Hospital. In the centre, the hospital and staff. Lower left, officials at the opening:

Left to right, Mr. W. R. Devenish, General Superintendent, Northern Ontario District; Mr. C. G. Bowker, General Manager, Central Region, who is passing the "key" to the hospital to Dr. F. W. Routley, Red Cross Medical Director for Ontario District. Mr. Bowker holds in his right hand the first dollar rental payment. Behind are shown Nurses Nita Rethburn and Irene Forbes, in charge of the Nakina Hospital, and Miss Wilkinson, Nursing Director for the Red Cross. To the left, Nurse Irene Forbes unlocks door.

Planning a General Hospital

(Continued from page 13)

Before closing this article a few words regarding the interior finishes in the ward building may not be amiss. The flooring in a hospital is one of the most important items and one to which hospital authorities have given considerable thought. In general, all wards, patients' rooms, consulting and clinic rooms and others similar and containing no plumbing other than a lavatory should have a sound absorbing floor covering such as linoleum, cork or rubber. Solaria balconies, out-patient waiting-rooms, kitchens, etc., are appropriately finished with quarry tile. Operating rooms are very often floored with a vitreous tile. Marble is excellent for the main entrance lobby and waiting-rooms. All of the above hard floors and most all other rooms not mentioned may be finished in terrazzo which should be sub-divided with brass expansion strips. All floors, except where marble is used, should have terrazzo base and border. Corridors and patients' rooms and wards should have wheel or bed stops formed integrally with the border.

All plaster should be painted or enamelled, using only high-grade materials. Keene's cement wainscots in all rooms will pay for themselves in the saving of repairs. There should be no projecting bands or ledges any place where it can be avoided. All such places are only dust catchers, thus adding to the cost of cleaning. Windows should not have muntins. Doors should be of the slab type and those through which stretchers or beds may have to pass should be at least three feet six inches wide. Marble or tile wainscots are advisable in waiting-rooms, serveries, baths, toilets, sink, operating, delivery and sterilizing rooms and cleaners or orderlies' closets. In addition to a nurse call system, doctors' call, fire alarm and clock systems should be installed together with complete telephone communication.

The next problem is the selection of equipment and this requires as much knowledge and thought as the planning of the buildings. Beds, stretchers, food trucks, sterilizers, plumbing fixtures, kitchen equipment, etc., all have to be procured and that which is best determined upon. Lack of space will not permit of the description in this article of each piece of apparatus, it only being intended to make a suggestion as to the method of selecting the same. The best article is generally the one which fulfills all requirements most simply, is designed to conserve the energy of the one using it, and which will be the easiest to clean and keep in repair.

This completes the general requirements of an Institution as mentioned at the beginning of this article. Owing to lack of space the information contained herein is not very detailed, only the general rooms and departments being outlined. Some of the latter, if carefully detailed, would require almost half the space of the entire article. Information of this nature may be obtained from several sources either in text books or through journals especially devoted to the study of medical institutions.



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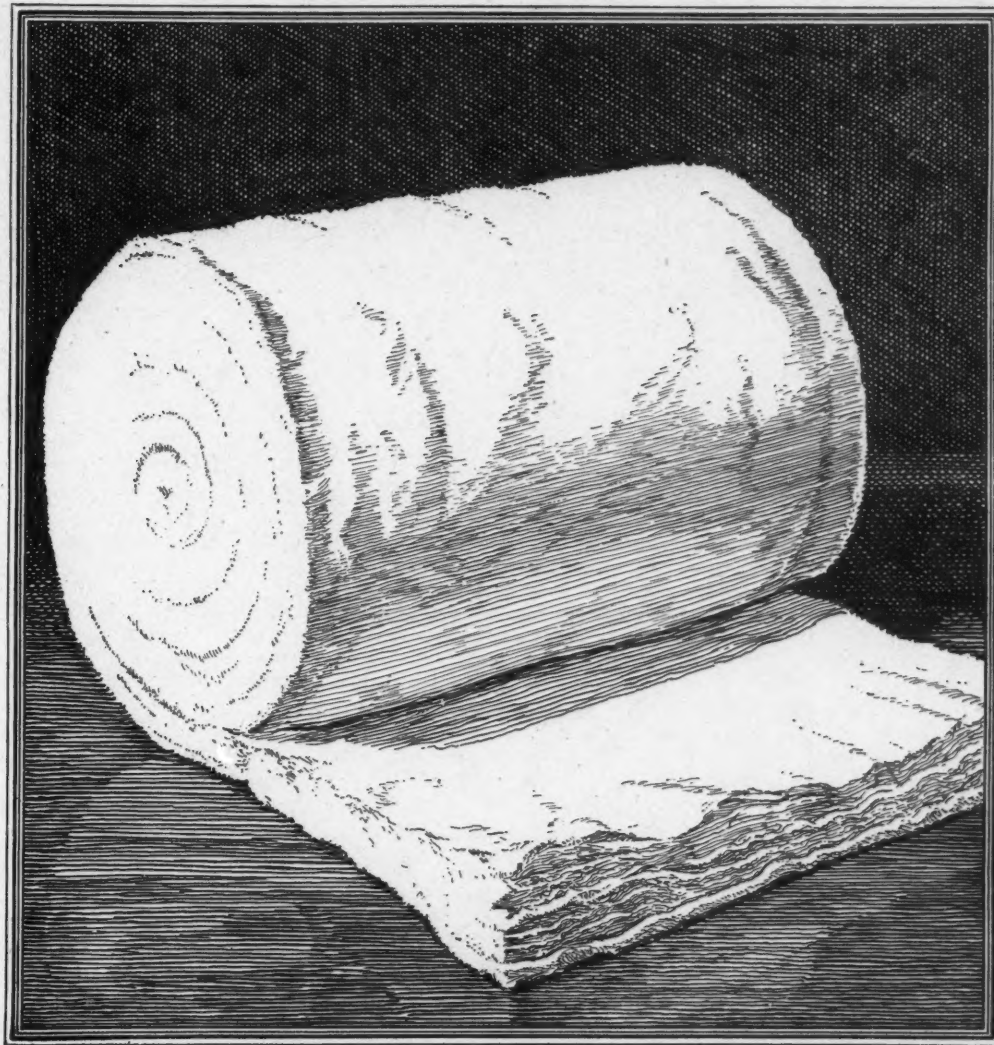
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VANCOUVER—Hudson's Bay Company
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Calgary Municipal Hospitals Reduce Deficits

Steady reduction of the annual deficit of the Calgary municipal hospitals is continuing in 1925 under the present administration, is shown by figures in the monthly report for March of the city hospitals. They indicate the hospitals are actually approaching a self-sustaining basis.

The expenditure on all the hospitals decreased from \$27,465.92 in March of last year to \$25,229.92 in March of this year.

Revenue for all the hospitals increased from \$16,813.83 in March of last year to \$17,335.42 in March, 1925.

The consequence was a decrease in the deficit of \$10,652.09 for March of last year to only \$7,894.50 in March of this year, one of the smallest monthly deficits of the municipal hospitals on record.

At the beginning of the year it was estimated that the total hospital expenditure for 1925 would be \$310,250.97, in itself a big decrease from previous years. Up to the end of March, 1925, the first quarter of the year, actual expenditure was \$77,408.21 of the appropriation, leaving an unexpended balance of \$232,842.76.

In the same way, the estimated revenue for the hospitals for all of 1925 was put at \$170,550. For the first quarter of the year ending March 31, 1925, collections were \$44,619.21, leaving \$125,930.79 of the estimated revenue for the year still to be collected.

These figures cover every charge, including operation, maintenance and all interest and overhead. The revenue figures include the monthly proportions of Provincial Government grants estimated at \$31,000, of which \$7,992 had been credited to revenue up to the end of March, 1925.

Florence Nightingale Association

Fifteen years ago thirty nurses organized in Toronto the Florence Nightingale Association, which recently held its annual meeting in the Graduate Nurses' Club, Sherbourne Street. A delightful review of the history of the organization, now boasting 180 members, was given by Miss R. Duff, the Secretary, in her report. Educational and social meetings have been held during the past year, and addresses have been given by outstanding speakers. Miss M. Sellery, in her financial statement, reported the yearly expenditures to be \$463.60.

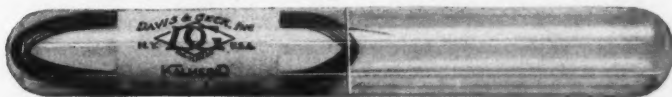
A vivid picture of the infant welfare and mother help work being carried on in New Zealand so splendidly was given by Miss Mary Lamby, who has come to Canada for the purpose of studying Canadian methods along like lines.

Miss Barbara Blackstock was re-elected as President. The other officers are: Vice-President, Miss Jean Wardell; Secretary, Miss Robina Duff; Treasurer, Miss Mildred Sellery; Directors, Miss J. Allison, Miss B. Blackstock, Miss Frances Brown, Miss L. Conlin, Miss R. Duff, Miss Ethel Greenwood, Miss Laura Holland, Miss Helen Kelly, Miss Mary Millman, Miss P. Stamenova, Miss M. Sellery, Miss J. Wardell and Miss Maude Wilkinson.



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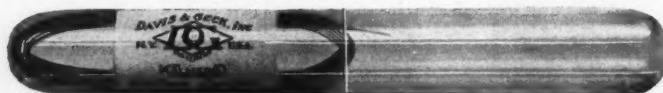
ALMERID CATGUT is an improved germicidal suture superseding iodized catgut. It is not only sterile, but, being impregnated with potassium-mercuric-iodide,—a double iodine compound,—it exerts a bactericidal action in the suture tract. Two kinds of Kalmerid catgut are prepared: the boilable and the non-boilable. The boilable grade is flexible; the non-boilable is extremely flexible.

Plain Catgut.....	Boilable.....	No. 1205	Plain Catgut.....	Non-Boilable..	No. 1405
10-Day Chromic.....	Boilable.....	No. 1225	10-Day Chromic..	Non-Boilable..	No. 1425
20-Day Chromic.....	Boilable.....	No. 1245	20-Day Chromic..	Non-Boilable..	No. 1445
40-Day Chromic.....	Boilable.....	No. 1285	40-Day Chromic..	Non-Boilable..	No. 1485

SIZES: 000.....00.....0.....1.....2.....3.....4

Each tube contains approximately sixty inches

In packages of twelve tubes of one kind and size



CLAUSTRO-THERMAL CATGUT



LAUSTRO-THERMAL CATGUT is sterilized in cumol, after the tubes are sealed, at 165° centigrade—329° Fahrenheit. This of course assures absolute sterility.

Claustro-Thermal sutures are flexible and strong, of perfect absorbability, and in every way are compatible with the tissues. They are aseptic,—not germicidal.

The tubes may be boiled, or even may be autoclaved up to 30 pounds pressure.

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20-Day Chromic Catgut.....	No. 145
40-Day Chromic Catgut.....	No. 185

SIZES: 000...00...0...1...2...3...4

Each tube contains approximately sixty inches

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ALMERID KANGAROO TENDONS are of value where postoperative tension is extreme or long continued apposition necessary, as in herniotomy and in tendon and bone suturing. They are chromicized to resist absorption in fascia or in tendon for approximately thirty days.

Two kinds are prepared: the boilable and the non-boilable. The latter are extremely pliable.

Non-Boilable Grade.....	No. 370
Boilable Grade.....	No. 380

In packages of twelve tubes of one kind and size

SIZES: 0...2...4...6...8...16...24

Each tube contains one tendon

Lengths vary from 12 to 20 inches

PRICE: PER DOZEN TUBES FOR ALL VARIETIES LISTED ABOVE.....\$2.40

A discount of 10 per cent is allowed on one gross or more, or \$25.92 net per gross

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NON-ABSORBABLE SUTURES

HEAT STERILIZED - BOILABLE

NO.	IN EACH TUBE	UNIFIED SIZES
350..Celluloid-Linen.....60 Inches.....	000,00,0	
360..Horsehair.....6 28-In. Sutures.....	00	
390..WhiteSilkworm Gut..6 14-In. Sutures.....	00,0,1	
400..Black Silkworm Gut..6 14-In. Sutures.....	00,0,1	
450..White Twisted Silk.....60 In.....	000,00,0,1,2,3	
460..Black Twisted Silk.....60 In.....	000,0,2	
480..White Braided Silk.....60 In.....	00,0,2,4	
490..Black Braided Silk.....60 In.....	00,1,4	

In packages of twelve tubes of one kind and size

Per dozen tubes.....\$2.40
Or \$25.92 net per gross or more; carriage paid

FOR MINOR SURGERY

HEAT STERILIZED - BOILABLE

NO.	IN EACH TUBE	UNIFIED SIZES
802..Plain Kalmerid Catgut.....20 In.....	00,0,1,2,3	
812..10-Day Kalmerid Catgut..20 In.....	00,0,1,2,3	
822..20-Day Kalmerid Catgut..20 In.....	00,0,1,2,3	
862..Horsehair2 28-In. Sutures.....	00	
872..WhiteSilkworm Gut..2 14-In. Sutures.....	0	
882..White Twisted Silk.....20 In.....	000,0,2	

In packages of twelve tubes of one kind and size

Per dozen tubes.....\$1.20
Or \$12.96 net per gross or more; carriage paid

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EACH SUTURE THREADED UPON A UNIVERSAL NEEDLE
AS ILLUSTRATED, FOR GENERAL MINOR SURGERY

NO.	IN EACH TUBE	UNIFIED SIZES
904..Plain Kalmerid Catgut.....20 In.....	00,0,1,2,3	
914..10-Day Kalmerid Catgut..20 In.....	00,0,1,2,3	
924..20-Day Kalmerid Catgut..20 In.....	00,0,1,2,3	
964..Horsehair2 28-In. Sutures.....	00	
974..WhiteSilkworm Gut..2 14-In. Sutures.....	0	
984..White Twisted Silk.....20 In.....	000,0,2	



UNIVERSAL NEEDLE
FOR SKIN, MUSCLE,
OR TENDON

In packages of twelve tubes of one kind and size

Per dozen tubes.....\$1.80
Or \$19.44 net per gross or more; carriage paid

CIRCUMCISION SUTURES

HEAT STERILIZED - BOILABLE



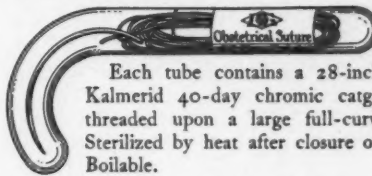
Each tube contains a 28-inch suture of Kalmerid plain catgut, size 00, threaded upon a small full-curved needle.

In packages of twelve tubes

No. 600. Per dozen tubes.....\$2.40
Or \$25.92 net per gross or more; carriage paid

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FOR IMMEDIATE REPAIR OF PERINEAL LACERATIONS



Each tube contains a 28-inch suture of Kalmerid 40-day chromic catgut, size 3, threaded upon a large full-curved needle. Sterilized by heat after closure of the tubes. Boilable.

One tube in a package

No. 650. Per tube.....\$.25
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Each tube contains two 12-inch ligatures of a specially woven flat tape one-eighth inch wide impregnated with potassium-mercuric-iodide

In packages of twelve tubes

No. 892. Per dozen tubes.....\$1.20
Or \$12.96 net per gross or more; carriage paid

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00	—————	recognized need for a unified
0	—————	system of sizes, the standard
1	—————	scale of catgut sizes now
2	—————	embraces all sutures, includ-
3	—————	ing silk, horsehair, silkworm
4	—————	gut, celluloid-linen, and kan-
6	—————	garoo tendons (only the lat-
8	—————	ter occurring in sizes larger
16	—————	than number four).
24	—————	

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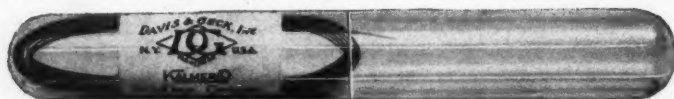
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Cranbrook, B.C., Hospital Holds Annual Easter Ball

It is not on record that the Annual Easter Ball, given each year in aid of the Cranbrook district's most cherished institution, the St. Eugene Hospital, has ever lacked patronage. Always, from the inception of the yearly event, have the people of the district responded generously in their attendance of the foremost social function of the community.

This year's Easter Ball, however, has established a record. Never in the history of the community has a larger or more representative crowd of merry-makers crowded a ball room floor than which filled the Auditorium to overflowing on Easter Monday. A conservative estimate places the number of dancers at 500. And it is common knowledge that a large percentage of ticket holders were unable to be present for various reasons.

Sponsored by the Native Sons of Canada, on that organization and on the ladies of its members, has fallen the honor of the unqualified success, financial and social, of the brilliant affair. The committee on decorations achieved a triumph in their arrangement of the Easter colors, purple and gold, and in their artistic placing of the Easter blossoms which entered largely into the decorative scheme.

And quite as much must be accredited to the committees on music and refreshments. The programme of the evening was excellently chosen and the midnight supper of which hundreds regaled themselves, was in itself a criterion of discriminating taste and forethought.

Refinement and an evident desire to please, underlaid the work of those who took upon their shoulders the management of the season's greatest social success. Executive ability and an innate conception of the eternal fitness of things struck a dominant note in its administration. Nothing was left to chance. The orchestra, under the able leadership of Bruce Robertson, was at its best with innumerable catchy hits that fairly compelled dancing. And over all, thanks to the ladies' committees, the mantle of good-fellowship fell on the brilliant assemblage.

The St. Eugene Hospital Easter Ball has left many pleasureable memories behind it. It was given in a most worthy cause—its proceeds will be welcomed by the good Sisters of Providence whose doors are open to all, regardless of station in life or religious convictions. May the St. Eugene Hospital go on forever—may its annual Easter Ball continue to draw the people of Cranbrook and district together once a year in social intercourse and for the common good.

Kingston

New Clinic Building is Complete

It is expected that the new clinic building now in course of erection at the Kingston General Hospital grounds will be ready for the commencement of the fall term at Queen's Medical College. The new clinic building will be the most up-to-date teaching department in connection with any medical college in Canada.



Thrifty Superintendents

Many hospital superintendents who have earned reputations for thrift and efficiency find **SOCLEAN** indispensable and economical.

SOCLEAN keeps down dust while sweeping, cleans, disinfects, renovates, deodorizes and kills germs. It gives splendid results on wood, linoleum, cement, tile, rubber or carpets.

Write for generous trial sample and prices on quantities.

Bull Dog Wringer Pail



Here's a big, husky pail that will stand up under all sorts of hard usage and give the utmost satisfaction. It is used extensively in hospitals, hotels and office buildings, and is supplied in 14 and 20 quart sizes.

Sheepswool Wall Brush



Removes dust from walls and ceilings without streaking or staining the surface.

Equally good for dusting hardwood floors or linoleums, and may be renewed by washing. Long and short handles included. Two sizes, spread measure about 8 x 13 inches and 11 x 17 inches.

Write for Catalogue

Our catalogue contains illustrations of dozens of articles that will cut down cleaning and maintenance costs in all departments. We shall be glad to send you a copy.

Soclean Limited

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The Mental Hospitals of B.C.

By H. C. Steeves, B.A., M.D., C.M., General Medical Superintendent, Mental Hospitals, British Columbia.

In British Columbia there is only the one mental hospital organization, but we are operating three plants, as follows:

The original mental hospitals erected at New Westminster, now some 50 years old, the new mental hospital development which was started in 1907 at Essondale, about six miles from New Westminster, and a department for the criminally insane and insane criminals, located six miles from Victoria on Vancouver Island. When we speak of our hospital population as being 1,860, it means the population of all these units combined and not, as is often understood, the population at Essondale alone. The total staff personnel is some 240.

The type of architecture of the building erected at Essondale and occupied in April, 1913, for chronic male cases is followed in the new building occupied the first of November last. These buildings also are of uniform construction, namely, reinforced concrete, with red brick facing, cut stone trim, and all window sashes are of the fenestra steel type.

Mastic, Tile, Terrazzo Floors

In the new building we have used throughout the mastic floor with the exception of kitchens, surgeries, bathis, etc., where tile is used, and the front entrance which is floored with terrazzo. The normal patient capacity of this building is 250 patients; it is designed for the care of the acute and sub-acute male patients. Owing to the fact that the institution is only being built piecemeal it is at present necessary to use this building somewhat differently from its ultimate purpose. At the present time the top floor of this building is being used as a reception or psychopathic unit, being entirely separated from the rest of the institution insofar as any intermingling of patients is concerned, and has a distinct staff unit so that patients in this department do not come in contact with any other patients of the institution or with members of the staff from other departments of the institution except medical officers.

After a case has been carefully examined, both mentally and physically, it is brought before a medical staff meeting for consultation and tentative diagnosis; he, or she, is then transferred to the regular department of the hospital in which it is felt the condition will show the best progress. Or, if the case is one of such a nature that rapid recovery is to be expected it is retained in this department for a period of time not to exceed six weeks, pending the possibility of a direct discharge, and does not come in contact with the more chronic types of cases.

The first two floors have a limited number of single rooms; the principal sleeping accommodation

being in large dormitories so that patients are under immediate supervision of the attendant at all times during the night. The single rooms are used only for those cases of an impulsive or disturbed character which would be a menace and disturbance in a general dormitory. The top floor, or reception department, is entirely composed of single-room accommodation with the exception of four small dormitories, two for male and two for female, which are used as observation dormitories for the suicidal admissions.

About the Food Service

The patients on the top floor receive their meals entirely from trays served from the diet kitchen on that floor, the food being sent in bulk from the general kitchen by electric lifts and served from the hot serving tables in this diet kitchen. Each patient who is able receives his own tray and returns it to the diet kitchen after he has taken his meal in the day room. The other floors go to the general dining-room, situated on the main floor, opening directly from the main serving-room. There is one dining-room on either side which cares for the patients from two wards.

The hydrotherapy department is located on the top floor and carries on the bulk of its work in connection with the patients on that floor, although patients from other parts of the building, or even other buildings of the institution, may be brought to this department for treatments if necessary. I am unable to provide blueprints showing interior arrangements of rooms and dormitories in the building, but I would be very glad at any time to show any interested person who might visit us the arrangement of this building, an arrangement which we feel is working very satisfactorily for the type of patients it has to house.

The Receiving Unit

The building is heated from the central institution heating plant, has both direct radiation from the steam radiators in day-rooms, corridors, etc., and single rooms heated by warm air propelled to the rooms by ventilating fans located in the basement, foul air being extracted and carried away by fans located in various sections of the attic.

The reception unit has a patient capacity of 50 and is staffed by a superintendent of nurses, six female and six male nurses, with a special technician for the hydro-therapeutic department. The medical staff for this building alone is two physicians working under the immediate direction of the assistant superintendent.

The building furnished cost approximately \$700,000.—Hospital Management.

NOVAN HYPODERMIC SYRINGES

Absolutely guaranteed to retain their marking when boiled or sterilized in any solution. Also fit any standard make of needles.

In carton box with one needle.

2 c.c., per dozen, \$	4.90
5 c.c., " "	7.70
10 c.c., " "	10.00
20 c.c., " "	13.00
50 c.c., " "	21.70
100 c.c., " "	32.00

In metal case with two needles.

2 c.c., per dozen, \$	7.50
5 c.c., " "	13.30
10 c.c., " "	16.50
20 c.c., " "	25.00
50 c.c., " "	40.00
100 c.c., " "	60.00

Discount of 10% on 3 dozen assorted quantity.

Discount of 15% on 6 dozen assorted quantity.

Discount of 20% on 12 dozen assorted quantity.

HYPODERMIC NEEDLES, in all gauges and lengths at 85c, 95c, \$1.00 a dozen.

Same discounts as syringes applying on quantities.

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These garments are well made, of best quality material.

Many repeat orders provide sufficient evidence as to the quality of our product.

We invite comparison.

Made in Canada by Expert Canadians

Style No. 3200

Nurse's Operating Gown



Full-length gown with plain front, neat turn-over collar and full-length sleeves. Closes down back with tie tapes, and with long belt stitched on front to tie at back. Made of best quality Indian Head bleached. Can be furnished with knitted cuffs which fit closely and easily into the rubber gloves. Prices: Regular cuffs, \$24.00 per dozen; with knitted cuffs, \$25.50 per dozen.



Style No. 3700

Surgeon's Operating Gown



A full-length gown with plain front, standing collar and full-length sleeves. Closes down the back with tie tapes, and with long belt stitched on front to tie at back. Made of best quality Indian Head bleached. Can be furnished with knitted cuffs which fit closely and easily into the rubber gloves. Prices: Regular cuffs, \$24.00 per dozen; with knitted cuffs, \$25.50 per dozen.

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News of Hospitals and Staffs

Condensed News of Hospital Activities from Coast to Coast

Kimberley, B.C.

Well Equipped in New Building

The doctors and nurses recently moved into the new hospital, which is a vast improvement on the old building. The new hospital has nearly 30 beds, and has a fairly well equipped X-ray room and operating rooms. There is also a maternity ward with special equipment, and the entire building is complete in practically every detail for the successful carrying on of the various phases of hospital work.

Nanaimo, B.C.

Campaign for Hospital Fund

The Nanaimo Hospital Association endorsed a report previously endorsed by the Board of Directors of the Nanaimo Hospital and the Finance Committee of the Association appointing a Campaign Committee to raise funds for the new hospital, recently. The committee comprises John Rudd, chairman; George Pearson and Frank Hanna, vice-chairmen, and E. H. Bird, treasurer.

It means that a drive will be instituted in the very near future to raise necessary funds for the new hospital. The Campaign Committee has absolute authority over the drive, and will ask for the right of way until the expiration of its period.

Halifax

Urges Public Health Programme

A five-year public health programme to be carried on with funds raised by popular subscription, was urged by Dr. A. F. Miller, medical superintendent of the Nova Scotia Sanatorium, Halifax, in his annual report covering the fiscal year ending September 30, 1924. Such a campaign, he believed, would reduce the death rate from tuberculosis in Nova Scotia by fifty per cent. During the year the sanatorium treated 632 patients, including 401 civilians and 231 ex-service patients. At the close of the fiscal year there were 126 civilian patients (67 men and 59 women), and 57 ex-service patients, a total of 183.

Toronto

New Heating Plant at St. Michael's

A permit was issued on April 9th by the City Architect, Toronto, for the erection of a powerhouse and central heating plant in connection with St. Michael's Hospital. The estimated cost is \$75,000. The work will proceed at once.

Quebec

Paris Hospital Honors Dr. Lemieux

Word has just been received from Paris that Dr. Edgar Lemieux, son of Chief Justice Sir Francois Lemieux, has been named assistant doctor to the clinic of Dr. Leguin, of the Necker Hospital of Paris. The nomination is made by the University of Paris.

Dr. Lemieux left Quebec some months ago with his family, in order to study surgery for one year in France. He has attended the clinics of all the large hospitals. He will return to Quebec in September to resume his duties at the Hotel Dieu Hospital.

Chilliwack, B.C.

X-Ray Equipment Installed

At a cost of \$2,136.15, an X-ray machine and accessories have been added to the equipment of the Chilliwack Hospital. Mr. George Bradley will have charge of the new department.




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Saskatoon**Appointments at Sanatorium**

The Saskatchewan Anti-Tubercular League have completed taking over the new sanatorium at Saskatoon. All of the directing officers of the new sanatorium have been appointed, and in every case the appointment is a promotion from similar positions at Fort Qu'Appelle sanatorium. Dr. H. C. Boughton, who has been on the staff of the older sanatorium for some time, is appointed medical superintendent, with Dr. R. G. Ferguson, of Fort Qu'Appelle, to be director of medical services in both institutions. Miss E. E. Love, assistant matron at Fort Qu'Appelle, is to be matron here, while R. C. Roberts, chief clerk at Fort Qu'Appelle, will be secretary at the new hospital, and as such will have general supervision of all business. W. Fowkes, assistant steward at Fort Qu'Appelle, becomes steward here and purchasing agent. Percy Hunt, assistant X-ray Technician at Fort Qu'Appelle, will be technician. All other employees on the staff will be Saskatoon residents.

London, Ont.**Sir Adam Beck Donates \$10,000**

As a start for the fund being raised to pay off the mortgage on the Queen Alexandra Sanatorium at Byron, near London, Sir Adam Beck, who is at present under treatment at the Johns Hopkins Hospital at Baltimore, has donated \$10,000.

Recently Premier Ferguson announced that, at the solicitation of the London Health Association, of which Sir Adam is President, the sum of \$50,000 had been placed in the estimates for the sanatorium, with the stipulation, however, that the association raise at least an equivalent amount. To this end Sir Adam has made the \$10,000 donation, and it is the hope of the association that at least \$150,000 may be raised, the intention being that any additional amount over the mortgage should be set aside as an Endowment Fund.

Vancouver**Nurses Appointed to New Posts**

A number of the nurses who have been in training at the Vancouver General Hospital for the past three years and who will officially graduate and receive their diplomas with the spring class of '25, have now completed their courses and accepted posts in the various hospitals throughout the province. These youthful Florence Nightingales have been the *raisons d'être* for many interesting social affairs lately.

Miss M. Carpenter, Nelson Street, entertained recently in honor of Miss Z. Doraty, who has since left to join the staff of the General Hospital at Ocean Falls. Miss W. G. Langdon, Cambridge Street, was one of the hostesses who feted Miss L. Wharton, when about fifteen guests were present at the tea hour. Miss Ruth Yeandle has left to take up duty at the Penticton Hospital, while Miss Eva Neilson will be a member of the hospital staff at Kimberley, B.C. After a short vacation, Miss Mae Armstrong, who has but recently completed her training, will resume her nursing duties.

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No. 5

Kamloops, B.C.

Have Opened New Laboratory

The new laboratory of the Royal Inland Hospital is now completely equipped, and was opened last month by Dr. H. E. Young, provincial health officer.

A. M. Tyrrell has been re-elected chairman of the board of directors and William Brennan vice-chairman. The other directors are R. A. Bethune, L. T. Blair, S. C. Burton, F. W. Carr, E. Fisher, A. S. Fraser, J. A. Gill, H. W. Howard, R. A. Thompson, R. M. Turner and Ald. W. A. Foote.

Toronto

A. J. Swanson at Toronto Western

Formerly chief purchasing agent for the D.S.C.R. at Christie Hospital, Mr. A. J. Swanson has been appointed head of the new purchasing department, which expansion has made necessary at the Western Hospital. With the maintenance cost of the institution now amounting to about \$1,000 per working day, it is felt at the hospital that the new department will remove a considerable portion of the work of administration from the present official staff.

Quebec

Quebec's New Hospital St. Marie

A new private maternity and children's hospital will be incorporated and opened in Quebec on the first of May next, it was learned from deputy coroner Dr. Jules Vallee, who with Dr. Georges St. Armand, has decided to found and operate the new institution which will be known as the Hospital St. Marie.

The hospital will be located at 1136 St. Valier street, on the site of the old parish church of St. Malo and in its two storeys will provide accommodation and room for twenty-five or thirty beds at the outset. If need be, it was explained by Dr. Vallee, the place may be made larger later on.

Malone, Que.

Memorial Hospital to Raise Funds

Handicapped by an indebtedness of \$35,000 which represents the maintenance deficit for the last three years, money borrowed, and the amount needed for vital repairs, the Board of Trustees of the Alice Hyde Memorial Hospital, at Malone, is seeking the co-operation of townspeople in supporting a drive to raise the necessary funds, and it will be launched at Malone and district on April 20th.

Chairman W. W. Smith, in announcing the drive, declared that the hospital has struggled along for the last ten years without resorting to a public appeal for funds, although the income derived from the care of patients, as in most public hospitals, has been wholly inadequate to meet the operating expenses. With the burden growing greater each year, and the alternative of closing the doors of the institution facing the trustees, resort to a public appeal for support remained as their only recourse.

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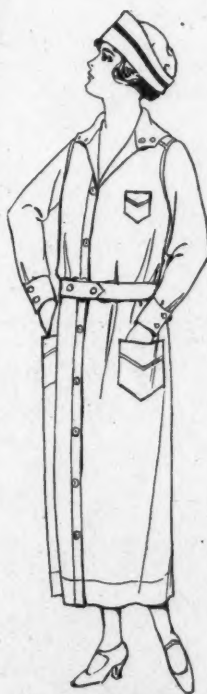
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Patients to Give Security Before Admittance

Rural patients seeking admittance to the Royal Alexandra or Isolation hospitals, Edmonton, will be required to either provide for charges when taken in or give some security after June 1 if a notice of motion that was given by Alderman Bury at council meeting in April, is finally adopted.

The proposal is to either have the charges secured by the patient or by the municipality from which the patient has come. The matter came up after a report from Dr. H. R. Smith, Medical Superintendent of the Hospital Board, had been received.

This report showed that in 1923 the total loss on country patients admitted to the Royal Alexandra Hospital was \$8,603, while it was \$2,833 at the Isolation Hospital. The total collected at the Royal Alexandra from rural patients in that year was \$66,514 and \$1,702 at the Isolation.

The hospital superintendent recommended that more emphasis be placed on the work of collection data as to the ability of rural patients to pay; also, that a special effort be made to get the municipalities to assist the city in collecting these accounts of outside patients.

When the report was received, Alderman Bury gave notice of the following resolution:

“That from and after June 1 no patient from places outside the city be admitted either to the Alexandra or Isolation Hospitals unless at the time of their admission the charges of the hospital are provided for or secured, either by the patient or by the municipality from which he or she may have come. And that notice of this regulation be published in the Saturday issue of the Edmonton Journal and Edmonton Bulletin and be communicated to all medical men who may from this date send patients from such outside places to enter either of the two hospitals.”

London Hospital Accommodation Taxed to Limit

Despite the fact that there is no epidemic prevalent in the city, the number of patients at present in Victoria Hospital, London, Ont., is larger than at probably any other time in the institution's history, and its accommodation is being taxed to the limit. All of the wards are filled to capacity, and if the rush continues, beds in the office will be required.

The number of patients at Victoria a few days ago reached the high total of 334. It is made up of cases of illness of various kinds, patients admitted for operations and a few accident cases. The number is considered extraordinary, especially in view of the fact that the admissions are not the result of an outbreak of any epidemic.

St. Joseph's Hospital also reports a heavy demand for accommodation, though the wards have not been taxed to such an extent that any special provision is necessary. At St. Joseph's it is reported that the rush began at the new year, and has continued ever since, making the past three months an exceptionally busy period.

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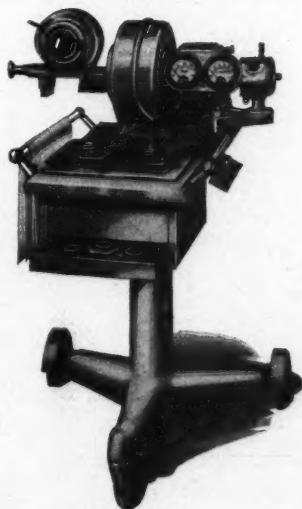
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Conveying Apparatus for the Community Hospital

By B. Evan Parry, M.R.A.I.C., from a booklet issued by the Dept. of Health, Ottawa.

Elevators.

The necessity for safe and reliable elevator service is apparent for every hospital of over one storey in height, and the only type of elevator to be considered is the electrically driven elevator. Since electric current is available either by direct individual units in the building or from the municipality, motor power, whether direct current or polyphase alternating current, affords satisfactory results. Of the two, the direct current elevator is preferable, inasmuch as direct current electrical apparatus is quieter in operation than that operated on alternating current.

The driving or hoisting machine should be in the basement or lowest floor of the building, and not directly above the shaft. The machine should be placed on a substantial concrete foundation, which foundation should be kept clear of all footings of the building. The walls of the motor room should be insulated or sound-deadened.

The minimum inside size of the elevator car should be five feet wide by seven feet deep, in order that stretchers may be carried, attended by one of the staff. Car speeds can be proportioned to the length of travel, and in the case of a building of the height of a small community hospital 100 to 150 feet per minute will be found a practical speed to travel.

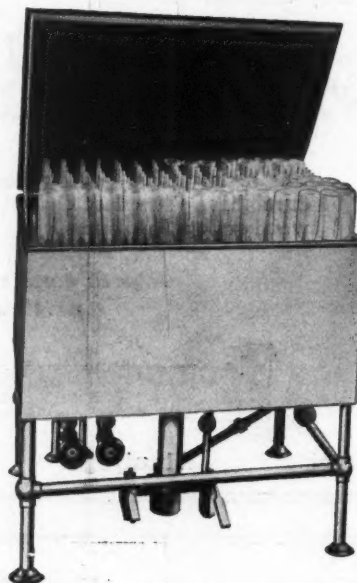
The method recommended for car control, since a single installation of elevator would only be necessary, is that of the automatic type, with push button control. With this type of controlled elevator, any of the hospital attendants can call or despatch the car. Key-operated push buttons may be used at the landings, if it is desired to restrict the operation of the elevator to certain persons, the keys being placed in the hands of those whom it is desired should operate the car. A new device is now on the market for automatically bringing the car platform exactly on a level with the floor at a landing. This device obviates the discomfort to patients on stretchers or in wheel chairs occasioned by the elevator stopping an inch or so out of level with the landing, and also the means of preventing a waste of heavy starting current.

The car should be of plain panelled enamelled steel, with an entirely covered roof, or nearly so, and a plain thin band of stained and wax-finished hardwood fixed at the height of the hubs of the stretcher wheels. This band takes care of the wear on the car, and obviates the continual refinishing necessary where this band is not fixed.

Dumbwaiters.

Hand operated dumbwaiters are practicable and therefore recommended where the travel is not of more than two or at most three storeys, and since the service for a small community hospital is a light one, dumbwaiters operated by hand are both serviceable and practicable. Care should be taken that the installation is fitted with efficient brakes to hold the car at the required stops, and the gearing should be as noiseless as it is practicable to make it. The

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minimum size of car recommended is that of approximately two feet by three by four feet high, with one hinged shelf, and either made of hardwood or steel, except in the cases where food service cars are brought from the main kitchen to the food service or diet kitchens on the various floors, in which case it may possibly require to be increased in size.

Automatic electric dumbwaiters are obtainable, and need only be used where the service exceeds that already described.

Laundry Chutes.

The usual method in the collection of soiled linen is that by canvas bags, which bags are held in enamelled iron holders until the bags are full, then closed and sent to the laundry. These bags should be kept in the utility rooms. Infected linen requiring disinfection should be handled separately, and not put into the general laundry bags. Although the usual practice is for the bags to be taken down on the elevator, it is a great convenience, and strongly recommended, to have a clothes chute, into which the bags can be dropped to the basement, from whence they are taken to the laundry. By this method no contamination of the clothes chute takes place, and, consequently, the necessity does not arise for supplying special means of cleaning the chute. The chute should be made of light plate iron, with all joints butted and all rivets counter-sunk, so that the interior of the chute may be smooth. The diameter of the chute should be at least two inches greater than the diameter of the bags when filled. Approximately the chutes will vary from 18 to 26 inches in diameter.

Each floor served by the chute should be provided with a door thirty inches high by the width of the diameter of the chute, the frames of these doors being of angle iron and the doors plate iron with spring hinges, latches, and light checks to keep the doors from closing noisily. A plate iron collar, the bottom sloping 45 degrees to carry the bags into the vertical chute, should be fixed from the frame of the door into the chute. Since vacuum is created by the clearance around the bags down the chute, although the clearance around the bags hereinbefore recommended will reduce this vacuum, a further precaution is advisable in the provision of an air inlet about eight inches square, with a wire screen placed in the top of the chute. Means should be provided for arresting the momentum of the falling bags at the bottom of the chute. Other methods of construction of clothes chutes consists of sections of cast iron lined on the inside with glass enamel and provided with a flushing device at the top of the chute and drain at the bottom. The use of a sheet iron lined wooden chute should be avoided.

Halifax

Children's Hospital to Get \$50,000

The Children's Hospital of Halifax will eventually receive \$50,000 as a legacy from the late Dr. John F. Black, a former citizen of Halifax, who died in England recently. At present, aside from certain direct legacies which he left to a number of Halifax interests, the estate is left entailed while his sisters live, three of them in California and one of them in Halifax. On their death the residue of the estate will go to the Children's Hospital of Halifax.

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Among Our Hospitals

Royal Jubilee Hospital
Victoria

In connection with the formal opening of the new wing of the Jubilee Hospital which was opened last month, the directors have published a very interesting booklet containing a history of the earliest beginnings of the hospital, a history which dates back to the day in 1858, sixty-six years ago, when the venerated Bishop Cridge found lying on a mattress inside his gate a sick man whose friends had taken him there as the sole place of refuge at that time available.

For the most part the information has been gathered by Mrs. R. S. Day, whose husband, the late Mr. R. S. Day, was for years president of the board of directors. Both Mr. and Mrs. Day were personal friends of the late Bishop Cridge, and it is consequently with the greatest appreciation of his generous and saintly character that the latter tells of the incident which led up to the organization of a hospital there:

The Rev. E. Cridge was appointed Chaplain of the Hudson's Bay Co., Victoria, in the year 1854, and on Sunday morning, April 1, 1855, he and his bride arrived from England on the Marquis of Bute.

At first they lived in The Fort (Fort Victoria) in a building situated where the Canadian Bank of Commerce now stands, but at the end of the year (1855) they moved into "The Parsonage" on Humboldt Street, which, with the "Church on the Hill" (Christ Church), was built by the Hudson's Bay Co., out of the colonial funds.

It was in 1858 that one day a sick man was found lying on a mattress inside the gate of this Parsonage. The man admitted that he had been brought there by certain parties, who shall be nameless. "I asked him," said the Bishop, "why they had brought him to my house, and clandestinely, too?" "Oh," he said, "they thought you were the proper man," and I suppose I was under the circumstances. So the Parsonage became the first Home Hospital in the colony.

Appeal was made to the Governor to nominate a provisional committee, this consisting of Mr. Dallas, a director of the Hudson's Bay Company; Mr. A. F. Pemberton, magistrate and commissioner of police; and Bishop Cridge, district minister of Victoria. The first hospital was a cottage temporarily rented. It stood at the corner of Yates and Broad Streets. Mr. and Mrs. W. S. Seeley were put in charge, with a man of Spanish extraction as the "man of all work." The first patient was a man called Braithwaite. Others soon followed, so that the cottage was generally full. As the necessity for more accommodation became urgent, the committee was enlarged and set to work to secure a suitable site for a building. On land which later became the site of the Marine Hospital a wooden building was erected, Dr. Trimble was appointed medical officer in charge, the constitution and by-laws were drawn

up, and the Royal Hospital became an accomplished fact. Before the end of that year further accommodation was found necessary, and an appeal was sent to the Colonial Secretary.

The Hon. J. S. Helmcken was elected president about this time, and under his capable management, and the assistance given by the Government, the debt was cleared, "and the hospital grew and prospered."

In the following year, 1868, the need of hospital accommodation for female patients arose. A grant of £150 was given by the Government towards this object. The idea of building a female infirmary rather than a female ward for the existing Royal Hospital, was taken up, and on Wednesday, November 23, 1864, the corner-stone was laid by Mrs. Harris.

The upkeep of this infirmary became too heavy a burden for the ladies, and in 1869 Dean Cridge proposed the union of this institution with the Royal Hospital, the consummation of the plan taking place very shortly afterward in the establishment of the early beginning of the institution which is now the Provincial Royal Jubilee Hospital.

Montreal Nurses Acquire New Home

The desire of the Montreal Graduate Nurses' Association for a club house of their own is now on the way to fulfilment, the Association having purchased the building occupied by the late Dr. Lockhart's private hospital, 38-40 Bishop Street. For some years the nurses have been working towards the objective of a club house, which would be not only a centre for their professional activities, but also would afford a social meeting place to which a home-like atmosphere might be given.

The premises acquired are being done over to make them suitable for the purpose. There will be a reception and living room, where nurses can make themselves at home, and can entertain friends. Partitions are being removed to leave a large hall on the ground floor, where meetings may be held, and this will be available for renting by other organizations. There will be a dining-room on the same floor as the reception room, and residents will have kitchen privileges. The registrar and secretary of the Association will have their office at this centre, and there will also be a number of bedrooms available for nurses, twelve such rooms being allowed for in the plans. There are wide verandahs and a garden at the back of the house, and the location is considered a good one.

The price the Association is paying for the building is \$29,000, while repairs and reconstruction will cost about \$5,000 more. Through efforts in the way of bazaars and investments in the past few years the Association had on hand a sum which enabled them to pay \$10,000 down. It is the intention to make a money-making effort in the fall, the first bazaar, held some three years ago, having raised about \$7,000. The club house, it is expected, will be self-supporting, leaving special amounts raised to be devoted to paying off the mortgage.

The club will be opened formally in May, if possible, on the birthday anniversary of Florence Nightingale.



MARY FRANCES KERN

SATISFIED CLIENTS

When St. Luke's Hospital of New Bedford, Massachusetts, needed extension funds the trustees selected the Mary Frances Kern Organization to conduct their campaign.

The following letter, written at the conclusion of their recent drive, shows it is felt that no mistake was made in their choice of professional assistance:—

Mrs. Mary Frances Kern,
1340 Congress Hotel,
Chicago, Illinois.

My Dear Mrs. Kern:

The hard-wording campaign organization which you set up here is one of the largest ever assembled in New Bedford, and reflects credit upon your energetic efforts and plan of campaign.

The excellent literature and publicity work, we believe, will be very valuable to the institution from an educational standpoint, and the handling of the industrial workers' collections is an incidental development of the campaign activities, establishing a precedent which in itself would make the undertaking worth-while.

We will be pleased to commend your work, particularly in respect to organization methods, pep and publicity, to any institution needing professional assistance in fund-raising efforts.

Very truly yours,

ST. LUKE'S HOSPITAL.

By Henry T. Crapo,
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Hospital Exhibitors Help the Conventions.

An interesting booklet has just been published by the Hospital Exhibitor's Association, an organization comprised of many of the prominent business houses which serve the hospitals and exhibit at the various Hospital Conventions.

In the booklet are set forth the reasons why the Association was formed, what it has been able to do so far and what it hopes to accomplish in the future.

Until the Hospital Exhibitor's Association was organized the Conventions of the American Hospital Association and the Catholic Hospital Association were most unsatisfactory from the viewpoint of both delegates and exhibitors, but by co-operating closely with the officers of the two big Hospital Associations the Executive Committee of the Hospital Exhibitor's Association has been of great assistance in making recent conventions a success.

Those who attended the American Hospital Association Convention in Buffalo last October agree that the exhibits were both attractive and instructive. It would, as a matter of fact, now be almost as hard to imagine a successful Hospital Convention without exhibits as to picture the Canadian National Exhibition minus the displays of all commercial houses.

While the Hospital Exhibitor's Association has been in existence only two years it has changed the Conventions from market places to places of exhibition where superintendent and exhibitor may get together on a friendly basis and establish a business relationship based on confidence and good will.

X-Ray Company Moves

The Burke Electric & X-Ray Company of Toronto has moved from 357 College Street to larger and more suitable premises at 490 Yonge Street. The new location is much more central, and the firm now has 3,400 square feet of floor space devoted exclusively to X-Ray and Physio-Therapy.

The Service facilities include complete machine shop and electrical testing laboratories, such as are usually found only in the plants of large manufacturers. In order to insure prompt delivery, a stock of spare units for all makes of machines is kept on hand.

Negotiating for Hospital at Tisdale.

Late last fall there was an agitation in Tisdale, Sask., for a hospital, several meetings being held in the town and in the surrounding school districts and signatures of the ratepayers being secured sanctioning their moral support of a hospital under the management of an order of sisters specialized in the work.

Following the sending of these numerous petitions to the Bishop of Prince Albert and Saskatoon, negotiations have been entered into. The Rev. Sister Provincial of the western provinces has been instructed to visit Tisdale in order to ascertain conditions there and to consider the proposals made by the town and district. The Rev. Sister Provincial will visit Tisdale towards the end of April or the first part of May, after which a final decision will be reached.

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Three Rivers to have Modern Tubercular Hospital

It is announced that the project to establish in Three Rivers a hospital for tubercular cases has been approved by the Government, which has been actively solicited in this matter for some time by the local deputy, Mr. L. P. Mercier, M.P., the City Health Officer, Dr. O. E. Desjardins, and high officials of the Provincial Board of Health.

It is believed that the new hospital will be subsidized to the extent of fifty beds by the Government, while the industries and the City of Three Rivers will also likely contribute towards the maintenance of another twenty-five beds each. This will give a capacity of one hundred beds, and would make the proposed hospital a real asset in the work being performed so actively by the Centre of Demonstration in the fight against tuberculosis.

While the site of the new hospital is not definitely fixed, it is believed that the most suitable location would be on the Coteau, where the air is notably clear and where the sandy soil offers an ideal site. The hospital would be built outside of the actual limits, but would provide for tubercular cases from Three Rivers and district.

It is expected that official announcement of this move on the part of the Government will be made shortly. The estimated cost of the hospital is placed at \$100,000.

Graduate Nurses Change Name of Association

The Ontario Graduate Nurses' Association disappeared at the close of its convention in London on April 14th, and in its stead emerges the Ontario Registered Nurses' Association, with Miss E. McP. Dickson of Toronto as its President. The association arranged to hold its 1926 convention in Belleville in deference to the wishes of members from Eastern Ontario.

The officers elected, in addition to the President, were: Vice-Presidents, Mrs. A. C. Josephs, London, and Miss Foy, Toronto; Secretary-Treasurer, Miss Ellis, Toronto; Executive, Miss H. Carruthers, Toronto; Miss L. Holland, Toronto; Miss M. C. Foy, Toronto; Miss E. Dyke, Toronto; Miss Agnes Malloch, London; Miss E. Hickey, Toronto; Miss Arnold, Windsor, and Miss Stevens, Ottawa.

The alarmingly high child-birth death rate in Canada was given serious consideration at the convention. It was pointed out that the rate is 13.6 in Canada, against 2.3 in Norway and Denmark, and 3.5 in Great Britain.

The Provincial representative of the Ontario Red Cross, Miss Hamilton, called for an increase in the number of visiting nurses for outpost hospitals. Miss Grace Fairley, of Victoria Hospital, London, suggested that young men and women should be recruited from the profession to volunteer for limited periods in sparsely settled districts, where there are few or no medical practitioners.

After a discussion of unemployment conditions among nurses, the convention passed the following

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resolution: "That the inspector of training schools be advised that certain training schools are known to employ pupil nurses for special duty, and, in violation of regulations, collect a fee, when graduates are available."

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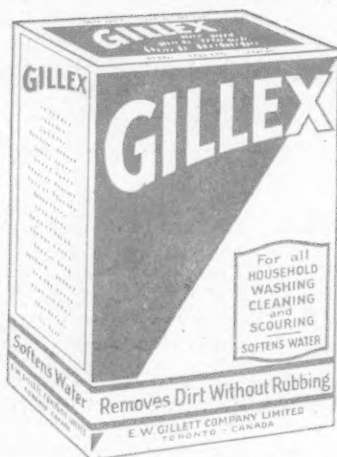
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